

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937068** FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		3		1		
11		①		1		
12		①		1		
13		1		1		
14	1		1			
15		①		1		
16		1		1		
17		1		1		
18	1		1			
19		1		1		
20		2		1		
21		2		1		
22		①		1		
23		1		1		
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50						
TOTAL IND.		↓	5	↓		↓
TOTAL DER.		↓	20	↓		↓
TOTAL CLAIMS			25			

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	IND.	DER.	IND.	DER.	IND.	DER.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS